

TELECOMMUTING PROGRAM
CERTIFICATION OF TIME AND ATTENDANCE

For use of this form, see USAARMC Policy Memo 7-00, 17 Apr 00, subj: Telecommuting Program

I certify that for pay period ending _____, I worked or was on approved leave as indicated:

First Week

Location

Sunday	_____	_____
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____

Second Week

Sunday	_____	_____
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____

Employee's signature and date _____